

| REPORTS INVENTORY | | | | | | CONTROL NO. feeder report for DDS/OL/PD-1 | |
|---|-------------|---|---|---|--|---|---------------|
| PREPARE IN DUPLICATE | | | | | | | |
| 1. TITLE OF REPORT (If a fill-in report include Form No.) Monthly Statistical (Unofficial Internal Form) | | | | | | 2. TYPE OF REPORT <input checked="" type="checkbox"/> STATISTICAL <input type="checkbox"/> NARRATIVE <input type="checkbox"/> MACHINE-NAME LISTING | |
| 3. FUNCTIONAL AREA | | <input checked="" type="checkbox"/> PERSONNEL <input type="checkbox"/> LOGISTICS <input type="checkbox"/> MEDICAL | | <input type="checkbox"/> TRAINING <input type="checkbox"/> SECURITY <input type="checkbox"/> FINANCE | | ADMIN. GENERAL OTHER (specify) | |
| 4. NO. OF COPIES PREPARED Orig & 1 | | 5. FREQUENCY (weekly, monthly, quarterly, etc.) Monthly | | 6. DISTRIBUTION (No. of components not number of copies) C/PD | | | |
| 7. FORMAT (memorandum, form computer print-out, etc) Typed-Internal Form | | 8. ADP PROCESSING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | 9. DIRECTIVE AUTHORITY REQUIRING REPORT PD Memorandum No. 71-1 | | | |
| 10. PREPARING COMPONENT (include lowest level contributing information to report) OL/PD/GPB/CPS | | | | 11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.) | | | |
| 12. COST FACTORS | | | | | | | |
| A. MANUAL PREPARATION AND REVIEW COSTS | | | | | | | |
| GRADE | HOURLY RATE | <input checked="" type="checkbox"/> HOURS PER REPORT | = | COST PER REPORT | <input checked="" type="checkbox"/> TIMES PREPARED | = | COST PER YEAR |
| GS-6 | 3.74 | 2 | | 7.48 | 12 | | 89.76 |
| B. COSTS OF COMPUTER PRODUCED REPORTS | | | | | | | |
| TOTAL COSTS PER YEAR | | | | | | | |
| 89.76 | | | | | | | |
| 13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (In addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT. | | | | | | | |
| 14. FUTURE GOALS | | | | | | | |
| GOAL PROPOSED BY COMPONENT FOR THIS REPORT | | | | | | ESTIMATED SAVINGS | |
| <input type="checkbox"/> RETAIN AS IS <input checked="" type="checkbox"/> OTHER (explain) Periodic Review <input type="checkbox"/> CHANGE <input type="checkbox"/> DISCONTINUE | | | | | | MAN-HOURS DOLLARS | |
| 16. DATE OF INVENTORY | | | | | | 18. EXTENSION | |